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PTO/SB/05 (3-01) Approved for use through 09/30/2000 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. PC10963A

First Inventor Stephen Jenkinson

Title HISTAMINE RECEPTOR ANTAGONISTS Express Mail Label No. EL163958723US (Only for new nonapplications under 37C.FR §1 53(b)) **APPLICATION ELEMENTS** Commissioner for Patents ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents Washington, DC 20231 1. *Fee Transmittal Form (e.g., PTO/SB/17) 7. CD-ROM or CD-R in duplicate, large table or (Submit an original, and a duplicate for fee processing) computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission 2. Applicant claims small entity status (if applicable, all necessary) See 37 CFR 1.27 3. Specification [Total Pages] Computer Readable Copy (CRF) (preferred arrangement set forth below) Descriptive title of the Invention Specification Sequence Listing on: - Cross References to Related Applications CD-ROM or CD-R (2 copies) Statement Regarding Fed sponsored R&D ii. Reference to sequence listing, a table, or a computer program listing appendix Statement verifying identity of above copies Background of the Invention ACCOMPANYING APPLICATION PARTS Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) 9. Brief Description of the Drawings (if filed) **Detailed Description** 10 37 CFR 3 73(b) Statement Power of Attorney Claim(s) (when there is an assignee) Abstract of the Disclosure 11 English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Drawing(s) (35 U.S.C. 113) [Total sheets Statement (IDS)/PTO-1449 Citations Oath or Declaration [Total pages 13. Preliminary Amendment Newly executed (original or copy) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Copy from a prior application (37 CFR §1 63(d)) (for continuation/divisional with Box 18 completed) 15 Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) 16. Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent. Application Data Sheet, See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1 76 Continuation Divisional Continuation-in-part (CIP) of prior application No: _ Prior application information: Examiner Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 18. CORRESPONDENCE ADDRESS (Insert Customer No. or Attach bar code label here) Customer Number or Bar Code Label Correspondence address below Name Address City State Zip Code Country elephone NAME (Print/type) RA³ MI CAO Registration No. (Attorney/Agent) 26,810 Signature JANUARY 17, 2002

PTO/SB/17(11-00)

Approved for use through 10/31//2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unles it displays a valid OMB control number

FEE TRANSMITTAL For FY 2001							Complete if Known						
							Application Number NOT YET ASSIGNED						
							Filing Date				HEREWITH		
							First Named Inventor				Stephen Jenkinson		
Potent Food are subject to a 1.5							Examiner Name				NOT YET ASSIGNED		
Patent Fees are subject to annual Revision Total Amount of Payment (\$)740.00							Group/Art Unit			NOT YET ASSIGNED			
Total Amount of Payment (\$)740.00							Attorney Docket No.				PC10963A		
METHOD OF PAYMENT							FEE CALCULATION (continued)						
1. The commissioner is hereby authorized to charge						3. ADD	ITIONAL						
indicated fees and credit any over payments to. Deposit 16-1445													
Account		16-1	445			Fee	Large	Fee	C!!	F D			
Number		<u> </u>				Code	Entity	Code	Small Entity	Fee Descrip	tion	Fee Paid	
							Fee (\$)		Fee (\$)				
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	Applicant claims small entity status						130	139	130	Non-English specification			
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2. Payment Enclosed:						112	920*	112	920*	For filing a request for ex parte rexamination Requesting publication of SIR prior to			
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LI Gued	CK	L] Cred	lit card	Money Order	U Other	113	1,840*	113	1,840*		ublication of SIR after		
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FEE CALCULATION 1. BASIC FILING FEE							110 400	215	55	Extension for reply within first month			
12 122						116		216	200		reply within second month		
Large E	Fee	Small Fee	Fee	Fee Description	Fee Paid	117	920	217	460	Extension for	reply within third month		
Code	(\$)	Code	(\$)	. se Description	Tecraiu	118	1,440	218	720	Extension for	reply within fourth month		
101=	740	201	355	Utility filing fee	740	128	1,960	228	980	Extension for	reply within fifth month		
106=	330	206	165	Design filing fee		119	320	219	160	Notice of Appeal			
10%	510	207	255	Plant filing fee		120	320	220	160	Filing a brief in support of an appeal			
108	740	208	370	Reissue filing fee		121	280	221	140	Request for o			
114	160	214	80	filing fee		138	1,510	138	1,510	Petition to ins	titute a public use proceeding		
SUBTOTAL (1) (\$) 740							110	240	55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from							1,280	241	640	Petition to revive - unintentional			
			Ex	tra Claims below		142	1,280	242	640	Utility issue fe	e (or reissue)		
Total Cla	ims	13	-20**=	0 X	=	143	460	243	230	Design Issue 1	ee l		
Independ	lent	1	- 3**≂	0 X	=	144	620	244	310	Plant issue fee			
Claims Multiple Dependent										Plant issue ree			
Multiple Dependent = Large Entity Small Entity						122	130	122	130	Petitions to the Commissioner			
Fee F	ee		Fee	Fee Description		123 126	50 180	123	50		e under 37 CFR 1 17(q)		
	ode		code			120	100	126	180	Submission of	Information Disclosure Stmt		
103	18	203	9	Claims in excess of 2		581	40	581	40	Recording each patent assignment per property (times number of properties)			
102	84	202	42	Independent claims i	n excess of 3	146	740	246	370	Filing a submis	ssion after final rejection		
104	280	204	140	Multiple dependent claim, if not paid		149	740	249	370	(37 CFR 1.129(a)) For each additional invention to be			
109	80	209	42	**Reissue independe		179	710	279	355	•	CFR § 1.129(b)) ontinued Examination(RCE)		
110	18	210	9	**Reissue claims in e		169	900	169	900		pedited examination of a		
subtotal (2) and over original patent (\$)						Other (specify)				design application			
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SUBMIT			_, g, oc	Total Monage St. See	anove	*Reduced by Basic Filing Fee Paid				Subtotal (3)			
Type or Printed Name RAYMOND M. SPEER Registration No.							20.040			lete (if applicable)			
(Afforney/Agent)						26,810			Telephone		(212) 733-4606		
Signature Fault of O							1/17/02				JANUARY 17, 2002		
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PATENT APPLICATION

ENTITLED: HISTAMINE RECEPTOR ANTAGONISTS

APPLICANT: Pfizer Inc. OUR REF.: PC10963A

The above-identified application contains a Sequence Listing in both paper copy and on computer diskette. Attorney for Applicants has compared the contents of the paper copy of the Sequence Listing with the contents of the diskette, and confirms that they are identical to each other.

Dated: 01/17/02

Raymond M_Speer

Reg. 26,810

Attorney for Applicants